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(Business Entity Name)				
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06 APK 17 PM 12: 49 SECRLIGHT O. STATE ALLAHASSEE, FLORIDA

COVER LETTER

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TO: Registration Se Division of Co			
SUBJECT:	eu Clean (Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Raym	and Keller Name of Person)	
	New (Ilan LL(9
_27/0	60 Edenk	ridge Cour	et
	Bonita S	PRINAS FL State and Zip Code)	34135
For further information	concerning this matter, please	call:	
Raym	ond Keller	at (239) 450 (Area Code & Daytime Te	-3/55 elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Addres Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "L	(C," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	· · · · ·
27160 Edenbridge Court Bonita Strings FL 34135	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agented Agent. You must designate an in-	t's Signature: dividual or another
The name and the Florida street address of the repair of the Raymon Name 27/60 Eden Florida street address Bonita Solvas City State and	d Keller bridge Cour ess (P.O. Box NOT acceptable) FL 34/35	FILED 06 APR 17 PH 12: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Raymond Keller 27160 Edenbridge Court Bonita Springs FL 34135
MGRM	Dawn Keller 27160 Edenbridge Lourt Booita Speings FL 34135
(Use attachment if necessary)	
(If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated here.)	date of filing:
\$125.00 Filing Fee for Articles of Organ	nization and Designation
at poor a time a ce interiores of Oldan	INSTITUTE AUGUSTION

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)